

B21 (Official Form 21) (12/12)

Do not file this form as part of the public case file. This form must be submitted separately and must not be included in the court's public electronic records. Please consult local court procedures for submission requirements.

United States Bankruptcy Court
Northern District of Illinois

In re Apolinar Tapia
Maria C Trujillo

Debtor

Address 408 Willow Ave.
Joliet, IL 60438

Case No. _____

Chapter 7

Last four digits of Social-Security or Individual Taxpayer-
Identification (ITIN) No(s), (if any): xxx-xx-8854 & xxx-xx-8810
Employer's Tax Identification (EIN) No(s), [if any]: _____

STATEMENT OF SOCIAL-SECURITY NUMBER(S)
(or other Individual Taxpayer-Identification Number(s) (ITIN(s)))

1. Name of Debtor (Last, First, Middle): Tapia, Apolinar
(Check the appropriate box and, if applicable, provide the required information.)

- ☐ Debtor has a Social-Security Number and it is: _____
(If more than one, state all.)
- ☒ Debtor does not have a Social-Security Number but has an Individual Taxpayer-Identification Number (ITIN),
and it is: 999-99-8854
(If more than one, state all.)
- ☐ Debtor does not have either a Social-Security Number or an Individual Taxpayer-Identification Number (ITIN).

2. Name of Joint Debtor (Last, First, Middle): Trujillo, Maria C
(Check the appropriate box and, if applicable, provide the required information.)

- ☒ Joint Debtor has a Social-Security Number and it is: xxx-xx-8810
(If more than one, state all.)
- ☐ Joint Debtor does not have a Social-Security Number but has an Individual Taxpayer-Identification Number
(ITIN) and it is: _____
(If more than one, state all.)
- ☐ Joint Debtor does not have either a Social-Security Number or an Individual Taxpayer-Identification Number
(ITIN).

I declare under penalty of perjury that the foregoing is true and correct.

X /s/ Apolinar Tapia Apolinar Tapia 12-16-14
Apolinar Tapia Date
Signature of Debtor

X /s/ Maria C Trujillo Maria C Trujillo 12-16-14
Maria C Trujillo Date
Signature of Joint Debtor

*Joint debtors must provide information for both spouses.

Penalty for making a false statement: Fine of up to \$250,000 or up to 5 years imprisonment or both. 18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court
Northern District of Illinois**

In re Apolinar Tapia Case No. _____
Maria C Trujillo Debtor(s) Chapter 7

VERIFICATION OF CREDITOR MATRIX

Number of Creditors: 0

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: 12-16-14

/s/ Apolinar Tapia Apolinar Tapia
Apolinar Tapia
Signature of Debtor

Date: 12-16-14

/s/ Maria C Trujillo Maria C Trujillo
Maria C Trujillo
Signature of Debtor

B 1D (Official Form 1, Exhibit D) (12/09) - Cont.

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☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Maria C Trujillo
Maria C Trujillo

Date: 12/16/14

B ID (Official Form 1, Exhibit D) (12/09) - Cont.

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☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: Asi Apolinar Tapia Apelinar Tapia
Apolinar Tapia

Date: 12-16-14

FD-406 (Rev. 10/4/13)

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Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Tapi, Apolinar
Trujillo, Maria C

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

(If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7) I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. (If no attorney represents me and no bankruptcy petition preparer signs the petition) I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X At Apolinar Tapi

Signature of Debtor Apolinar Tapi

X At Maria C Trujillo

Signature of Joint Debtor Maria C Trujillo

Telephone Number (If not represented by attorney)

Date

Signature of Attorney*X At Daniel Gonzalez

Signature of Attorney for Debtor(s)

Daniel Gonzalez 8200220

Printed Name of Attorney for Debtor(s)

Gonzalez Law Group

Firm Name

1904 S. Cicero
Cicero, IL 60604

Address

Email: dg@gonzalezlawgroup.com

312-882-0416 Fax: 312-278-4104

Telephone Number

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the petition is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(d), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.